

# PARANOIA: SYSTEMATIZED DELUSIONS AND MENTAL DEGENERATIONS.

AN HISTORICAL AND CRITICAL REVIEW,

By J. SÉGLAS,

ASSISTANT PHYSICIAN TO THE HOSPITAL OF Bicêtre, PARIS.

Translated by WILLIAM NOYES, M.D.,

ASSISTANT PHYSICIAN TO THE BLOOMINGDALE ASYLUM, NEW YORK.

[Continued from last Number.]

THE acute form of *primary hallucinatory paranoia* begins with a prodromal period of insomnia, irritability, or depression; but sensorial troubles (of hearing or smell) develop unexpectedly, together with sudden delusions of grandeur and of persecution, either combined together or alternating, and accompanied by excitement; a period of quiet may follow, but the hallucinations persist with ideas of poisoning, persecution, etc. This acute form may terminate in recovery or may pass into the chronic state. It may follow acute diseases, such as the puerperal state, hysterical or epileptic attacks, or the abuse of alcohol or morphine.

The *chronic form* is especially characterized by the persistence of the sensorial troubles, illusions, and hallucinations, with a fixed delusion of persecution. The most important variety is hypochondriacal *paranoia*. In fact, Mendel returns to the acute form, upon which he insists; and, on the other hand, he greatly limits the degenerative element in the systematized delusions, since he recognizes as a distinct form only the idiopathic (*originare*) variety of primary *paranoia*. Finally, he also admits *secondary paranoia* in his classification, but at the same time entirely transfers it to the second scheme.

In another work\* he had already insisted on its rarity (five cases in one hundred and fifty). Yet he reports in his memoir three observations of secondary *paranoia* developed secondary to primary melancholic syndromes, and to all appearance reaching the full limit of their evolution. He describes the resemblance that exists between the delusional conceptions of melancholiacs and those of the systematized insanities. The difference is that the one class find in themselves the material for their complaints and accusations, while the others draw it from the external world.†

Meyser‡ (1885), returning to the study of the *hallucinatory delusion* (*Wahnsinn*) of Krafft-Ebing, whose ideas he fully

\*Mendel, Ueber secundäre Paranoia (Berliner Gesellschaft f. Psych. und Nerven. Sitzung, 9 Avril, 1883.—Neurologisches Centralblatt, No. 5, 1883).

† At the conclusion of the reading of this paper before the Society of Psychiatrie and Nervous Diseases of Berlin (April, 1883), a discussion followed at the session of June, 1883, which we think it will be interesting to resume, Jastrowitz said that he had never seen true melancholia change into systematized insanity; but he had seen some patients with systematized insanity at advanced period of their disease (dementia) have hypochondriacal melancholy symptoms.

Westphal, recognizing fully that melancholiacs generally accuse themselves, had also observed it in systematized insanity. It is not the character of the ideas but their genesis that is of greatest importance. As in Mendel's cases, a certain interval elapses between the existence of the melancholia and the time of the appearance of the ultimate systematized insanity, and it might be thought that the same individual had been successively attacked by different independent psychoses. For these very same facts, where the establishment of a direct connection appears to be clearly justifiable, are open to the following objections: where the systematized insanity has the appearance of taking its origin in a melancholia, hypochondriacal ideas are always prominent at the same time; now, these last have invariably constituted the point of departure of ultimate conceptions of the systematized insanity. Moeli held that the character of the ideas alone sufficed for the diagnosis between melancholia and systematized insanity. Mendel replied that it was the genesis of the conceptions that he insisted on. The interval that elapsed between the melancholia and the systematized insanity had never been in his patients a period of perfect health, and the new psychical complexus had been shown from the first week after the melancholic state. It is extremely difficult to demonstrate the psychopathic connection for each particular case, but one of them is clear (a female melancholiac began all at once to accuse her parents and to have later ideas of grandeur and of persecution); without doubt two of the observations gave evidence of hypochondriacal conceptions which dominated the scene, but who can determine the line of demarkation between pure melancholia and hypochondriacal melancholia? (See Arch. de Neur., 1884, No. 23.)

‡ Meyser, *Wahnsinn hallucinatorischer* (All. Zeitsch. f. Psych., Bd. xlii, 1, 1885). This would be a *general delusion* of the asthenic order, similar to the post-febrile psychoses of Kroeplin, sometimes acute, sometimes chronic, resembling

shares, finds however that the expression of this author is not happy since alienists do not agree whether they ought to call *paranoia Wahnsinn or Verrücktheit*, and, on the other hand, the actual language identifies *Wahnsinn* with *Verrücktheit*, while *hallucinatory Wahnsinn* differs completely from *paranoia*. It is therefore necessary to find a special title for this well characterized malady.

In this scheme, Meyser makes the hallucinatory mania of Mendel, the disorder in the hallucinatory ideas of Frith, the disorder in the pseudo-aphasic ideas (Meynert, Schlangenhäuser), and the disorder in the curable hallucinatory or acute primary ideas (Meynert and Frith), identical in themselves with the acute *Verrücktheit* of Westphal, the acute systematized delusion (*Acuter Wahnsinn*) of Schaefer, the first group of acute partial insanity of Kretz,\* the delusions of exhaustion of Voigt, and the case of primary systematized insanity of M. Buch.

Witkowski† (1885) devotes an entire treatise to the nosography of *Verrücktheit* in its connections with melancholic depression. The fundamental process of *Verrücktheit*, he says, is always the production of delusional ideas with tendencies to systematization. But, by the side of this process, certain phenomena from time to time may come in a permanent manner to occupy the first place, and of such a nature that it is necessary to reserve for them a separate place in the terminology, instead of inventing such terms as *hypochondriacal hallucinatory, stuporous, and melancholic Verrücktheit*, which are all forms that do not exclude one another, but may exist concurrently or succeed each other.

There exists also an *illusionary Verrücktheit*, in which

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the maniacal form of agitation with disorder in the ideas, and ideas of persecution, based upon multiple hallucinations and slight intellectual weakness, or that of periodic insanity.

\* Kretz, *XVe Congress des Alienistes de l'Allemagne du sud-ouest*. Session at Carlsruhe, October, 1882.

This group is characterized by the primary appearance of hallucinations or illusions, while in the second group it is the delusion that controls the scene, the hallucinations coming afterwards reinforce this and sustain it as in the chronic forms of primary systematized insanity.

†Witkowski, *Congrès annuel des Médecins aliénistes Allemands*. Session at Baden, 1885. (Allg. Zeitsch. f. Psych., Bd. xlii., 6, 1886.

the hallucinations of hearing and the hypochondriacal complaints lose their importance in comparison with the forgetfulness of persons and things; while, at the same time, transiently or permanently, the depression may play a fundamental rôle. There exists, in addition, a form intermediate to true melancholia and *Verrucktheit*. These are the people permanently depressed (those who are constantly making negatives, the sceptics, the damned, and the ones who are rotting).

But in the majority of cases it is the *Verrucktheit* which constitutes in them the basis, which gives rise to the ideas, systematizes them, and brings about the abnormal conceptions and the modifications of temperament absolutely independent of the melancholia. The *Verrucktheit* brings about a condition of mental debility.

Such are these cases of systematized insanity, which are partial and stationary (among the persecuted whose intelligence preserves for a long time a high degree of vigor), and by the side of these cases are found some forms of progressive systematized insanity, generally tending to dementia. Very often also, among the congenitally weak, delusional ideas are found more or less distinct, sometimes reaching a high degree of systematization, at other times degenerating into absurd and fanciful creations. The author concludes that, in fact, *Verrucktheit* is an insanity with concrete permanent delusional ideas, with a tendency to systematization that is more or less clearly marked and more or less perfect. We may note here the work of Vejas\* (1886) upon epilepsy and systematized insanity, and that of Schmidt† upon systematized morphine insanity, analogous to alcoholic. We have already seen these forms described by Gnauck, Moeli, and those distinguished by Krafft-Ebing.

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\* Vejas, *Epilepsie und Verrucktheit* (Arch. f. Psych., Bd. xviii, 1, 1886).

† Schmidt (Arch. f. Psych., Bd. xvii, 1886).